ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 4698

Registered No. 431

1. PLACE OF BIRTH

County _Gila_ State _Arizona_

District or Township _____ or Village _____

City _Miami,_ No. _1127 Sullivan St._ St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Juan Francisco Roman_

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Male_

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? _yes_

7. Date of birth _Oct 4 - 1927_

Month Day Year

8. FATHER

Full name _Florencio Roman_

9. Residence (Usual place of abode) _Miami,_

If non-resident, give place and state. _Arizona._

10. Color or race _Mex._

11. Age at last birthday _26_ (Years)

12. Birthplace (city or place) _Zacetecas_

(State or country) _Mex._

13. Occupation

Nature of Industry _Lumber Yard_

14. MOTHER

Full maiden name _Refugio Gonzalez_

15. Residence (Usual place of abode) _Miami_

If non-resident, give place and state. _Arizona._

16. Color or race _Mex._

17. Age at last birthday _20_ (Years)

18. Birthplace (city or place) _Zacetecas,_

(State or country) _Mex._

19. Occupation

Nature of industry _Housewife_

20. Number of children of this mother _____

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _1_

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _born alive_ at _3-35_ P. m. on the date above stated

(Born alive or stillborn.)

Signature _Cyril M. Crow M.D._

Physician

(Physician or midwife.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____

Month, day, year

Address _Miami, Arizona_

Filed _Oct 15_ 19 _27_ _____

Registrar

Registrar

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